Background

The opioid crisis is a public health emergency that threatens the well-being of individuals who abuse drugs and impacts the safety of communities. It is impacting first responders, the criminal justice system, child welfare and foster care, and behavioral health systems. Responding to this epidemic is one of the U.S. Department of Justice's top priorities.

The Bureau of Justice Assistance’s Comprehensive Opioid Abuse Site-based Program (COAP) was developed as part of the Comprehensive Addiction and Recovery Act (CARA) legislation. COAP’s purpose is to provide financial and technical assistance to states, units of local government, and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. The Harold Rogers Prescription Drug Monitoring Program (PDMP) has been incorporated into the FY2019 COAP solicitation. The purpose of the Harold Rogers PDMP is to improve collaboration and strategic decision making among regulatory and law enforcement agencies and public health entities to address prescription drug and opioid abuse, save lives, and reduce crime. Since 2017, BJA has supported innovative work in more than 200 COAP sites.

COAP Training and Technical Assistance Program

The COAP TTA program offers information, training, technical assistance, and learning opportunities to support BJA grantees, states, and communities build and sustain multidisciplinary criminal justice responses to the opioid epidemic. Expertise is available to support a wide range of programs, including first-responder and overdose prevention; technology-assisted treatment; diversion and alternative sentencing; reentry and community corrections; and PDMP and data-driven projects. Training and technical assistance is provided in a variety of formats, including expert consultations, virtual and in-person training events, workshop and meeting presentations, and online resources.

States and communities are invited to request TTA to meet the specific needs and goals of their communities. Here are some of the ways in which the COAP TTA Program can support your community:

- **Facilitating peer-to-peer learning opportunities** in which communities can learn from experienced programs through virtual consultations and on-site visits.
- **Providing speakers for conferences** and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- **Facilitating strategic and cross-system planning** to identify community resources, establish priorities, and develop a road map to achieving goals.
- **Identifying materials** such as policies and procedures, guidelines, and data sharing agreements that support program activities.

In addition to self-identified TTA, the COAP TTA Program offers special learning opportunities such as the Peer Recovery Support Services Mentoring Initiative (PRSSMI). The purpose of this initiative is to advance the inclusion of peer recovery support services into jurisdictions’ portfolios of substance abuse intervention and treatment strategies. PRSSMI participants are matched to an experienced “mentor site” program that provides consultation and support through virtual learning sessions and an on-site visit. Mentor sites are experienced collaborators with first responders, law enforcement, courts, jails, prisons, and community corrections to help people who abuse opioids to achieve and maintain recovery from addiction.

How to Request Training and Technical Assistance

The COAP TTA Program offers a centralized system for requesting all forms of TTA. To submit a TTA request, please complete the brief online application form available on the COAP Resource Center website (www.coapresources.org). Requestors are asked to specify the type of TA they are interested in (e.g., information, consultation, training), as well as to provide narrative details on their needs/requests. Requestors will receive an email confirming successful TTA request submission and contact information for any additional questions or assistance. All requests are triaged and reviewed by BJA and then matched to the TTA provider that can best assess and address their needs.

Federal Funding of BJA’s Comprehensive Opioid Abuse Program

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<tr>
<th>Fiscal Year</th>
<th>Amount</th>
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<tr>
<td>FY2017</td>
<td>$13 million</td>
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<td>FY2018</td>
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Involvement. CHJ helps build integrated criminal justice, behavioral health, and community systems by assisting first responders in developing pathways to treatment for individuals at risk for opioid use and overdose. CHJ offers online resources and in-person TTA engagements customized to the needs of specific jurisdictions with the goals of connecting and maximizing the treatment resources of the community to improve public health and safety.

Altarum
Increasingly, peer recovery support services (PRSS) are an important—and sometimes central—part of efforts to effectively address the opioid epidemic. Altarum believes that peer-based services are vital to the continuum of care for individuals impacted by the opioid epidemic. Altarum works with organizations and systems as they implement best practices and promising approaches related to PRSS. Altarum supports federal, state, and local governments, as well as national and community-based organizations, to build a system of care that focuses on recovery, active involvement of consumers and their families, and multiple services to best meet individual needs and to strengthen and improve the health of communities.

Prescription Drug Monitoring Program Training and Technical Assistance Center
The Prescription Drug Monitoring Program (PDMP) Training and Technical Assistance Center (TTAC) serves as a resource to PDMPs, Bureau of Justice Assistance (BJA) grant recipients, federal partners, and other stakeholders to optimize PDMPs as a part of overall efforts to address prescription drug misuse, abuse, fraud, and diversion. The PDMP TTAC provides a comprehensive array of services including expert consultations; meeting facilitation; and issue briefs on topics such as PDMP best practices, innovations, evaluation, and performance measurements. The PDMP TTAC is a collaborative effort with the Institute for Intergovernmental Research (IIR) and Brandeis University’s Heller School for Social Policy and Management.

Advocates for Human Potential
Advocates for Human Potential (AHP) partners with Treatment Alternatives for Safe Communities of Illinois (TASC), the Center for the Application of Substance Abuse Technologies, and the Crime and Justice Institute, to provide COAP grantees with the tools to build and sustain successful multidisciplinary, systemic responses to the opioid overdose epidemic and improve reentry and recidivism outcomes. AHP has established and operated technical assistance centers to implement grantee programs for several federal agencies (including BJA) and has provided specialized TTA to criminal justice agencies to establish substance use disorder treatment, including medication-assisted treatment programs. AHP’s diverse team has cutting-edge knowledge of research and evidence-based practices in criminal justice programming, substance abuse treatment, and opioid overdose prevention.

TASC Center for Health and Justice
TASC’s Center for Health and Justice (CHJ) helps COAP grantees implement evidence-based, systemic solutions at the front end of the justice system to respond to the substance use that often underlies criminal justice involvement. CHJ offers online resources and in-person TTA engagements customized to the needs of specific jurisdictions with the goals of connecting and maximizing the treatment resources of the community to improve public health and safety.

About BJA
BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice’s Office of Justice Programs.